## Minutes of the Health and Human Services Board Meeting

# Monday, July 21, 2008

**Board Members Present:** Citizens Members Dennis Farrell (Chair), Flor Gonzalez, Mike O'Brien, Dr. Peter Parthum, Joe Vitale, JoAnn Weidmann, County Board Supervisors Janel Brandjen, Jim Jeskewitz and Duane Paulson. **Absent:** Jim Behrend

Others Present: Health and Human Services Director Peter Schuler, Health and Human Services Deputy Director Don Maurer, Public Health Manager Dr. Nancy Healy-Haney, Intake and Support Services Division Manager Antwayne Robertson, Child and Family Services Manager Jesuś Mireles, Adolescent and Family Services Division Manager Peter Slesar, Clinical Services Division Manager Mike DeMares, Administrative Services Division Manager Russ Kutz, Accounting Services Coordinator Cynthia Lilley, Economic Support Coordinator Luann Page, Mental Health Center Administrator Dr. Michele Cusatis, Senior Financial Analyst Clara Daniels, Financial Analyst William Duckwitz, and Legislative Policy Advisor Mark Mader.

The meeting was called to order at 8:33 a.m.

Pledge of Allegiance

#### Announcements

Duane Paulson announced that Mark Mader was just named Chief of Staff of the County Board.

Joanne Weidmann announced that the Public Health Association is having its annual meeting with the Wisconsin Association of Local Health Departments and Board on Wednesday, July 23<sup>rd</sup> and she will be attending.

## **Future Agenda Items**

Weidmann asked that Human Health Hazards Ordinance be a topic of a future agenda. Paulson requested that Nutrition and Environmental Health be topic for a future joint agenda item. He also suggested getting a bus tour together to visit vendor agencies and we will use county vans for the tour.

# **Meeting Approvals**

MOTION: Paulson made a motion seconded by Janel Brandjen to attend the National Performance Health Standards exercise program on October 30<sup>th</sup>. Weidmann stated that instead of doing the full performance standards with the board they would like to present what the health department does as far as meeting the standards and what the board role is supposed to be. They would like to start this in August.

## **Approve Minutes of May 15, 2008**

MOTION: Jeskewitz made a motion seconded by Paulson to approve the minutes of May 15, 2008 with the correction that Joe Vitale not be listed as absent because he was not officially appointed until the end of May. With that correction the motion was voted on and passed 8-0.

## **Overview of Budget**

Schuler reviewed the budget process, including an annual determination of affordable tax levy which then related to budget targets being issued to departments in early June. He noted that Waukesha County is under a very tight 2% tax levy cap this year arising from state statute. The Department management staff started meeting in March this year as a difficult budget was anticipated and a "retreat" day occurred in April to brainstorm ideas to optimize service delivery in these difficult times and to begin identifying any new revenue opportunities and possible reduction areas. The management staff attempted to do the least harm to our programs and as much as possible prevent debilitation spirals for our clients and deep end costly services. We may have to serve less people, but we would like to be effective with those we can serve. Once again the state and federal governments are not providing any additional funding for mandated services for such programs as Autism, Birth to Three, Child Abuse and Neglect, Juvenile Justice, and Mental Health. Kutz noted that the tax levy change for the whole department added up to \$770,000 and based on the tax levy we had for 2008, it is roughly a 3.7% increase. Maurer stated if we exclude CJCC which is not part of this presentation and take just the raw numbers, that actual percentage increase with end user technology shifts is a 3.3%, which from a county perspective is pretty generous. However, the state funding has been relatively flat which means that the local levy cannot make up for the lack of federal and state support for their mandated programs which we must administer. The 3.3% actually becomes a 1.5% overall when you factor in where the state and federal dollars are not coming in. Schuler stated that our base human services funding is called Community Aids. It is a revenue that is provided to each county in the state to run their human service departments. There are other revenue sources but community aids is the largest. That base has been frozen nearly steady for 17 years. Youth Aids is a \$3,000,000 revenue source and that has been frozen for over a decade, maybe 12 or 15 years. There is a basic economic assistance funding stream that has also been frozen for over a decade. All of those contribute toward the constant county support needed in order to just try and stay even and the county can't contribute enough money to try and stay even with that many funding streams going badly.

You'll see drastic number changes in Fund 310 because of the change going into Family Care. Maurer stated that the tax levy we received included was an adjustment of \$110,000 that was shifted to our department to cover end user technology increases and you'll see that reflected in wording throughout the budget. There is no Public Health funding stream. Mader added that it's hard to explain the impact, but he gave this example. If community aids base funding was 20% of property tax levy and 80% was state funding, at the point where state funding freezes the money they send us, that leaves us underfunded by a ratio of 4 to 1. So what happens if you wanted to provide 1% inflationary funding for the entire program that results in our having to put in 5% on the levy – your 1% from the county plus then another 4% to make up for the state freeze. If the State doesn't increase their amount based on inflation we have to add the funding from the county tax levy. When you see huge levy increases, its because the state freezes funding and the remainder must come from the county. When asked by Dr. Parthum what is the average CPI, Maurer responded that his recollection is that for the last 5 years it probably averaged about 2.7%.

In discussing the long term savings from intervention and prevention programs, the state does not reward us for the "good" work we do in keeping people out of placements and institutions. Unfortunately, our extraordinary effectiveness in preventing deep end costs has been a direct result of many years of local investment in prevention and early intervention. As these funding pressures have continued for over a decade, we have no option but to decrease expenditures in

non-mandated areas, which usually involve prevention and early intervention. Our worry is that we will get to the point that we will not be able to prevent the placements in the future – the institutional placements in the mental health area and institutional placements in both the Child and Family Services and the Adolescent and Family Services areas. If this happens it will eat this department and the county's budget up. In response to a question as to what would happen if one year placements go beyond budget, and the Department's budget is insufficient, Schuler stated that DOA has indicated that in such a scenario we would need to work with them to request help from the county contingency fund. Maurer reiterated that our options over the last half dozen years have been limited to looking at those areas that are not mandated - the State doesn't say you have to prevent or offer early intervention. We know those are important investments and they pay huge dividends which is the low placement rate. Schuler stated that the state codes and administrative rules are not written for modern society - they describe the 1940's, 50's and 60's service system. They don't mandate avoidance of placements in correctional institutions in large numbers. It says that the county will pay for every child who goes into a correctional or residential institution; the county will pay for every person who is institutionalized for mental health purposes. State policy and responsible funding would jointly say that prevention and early intervention programs are adequately funded and used first, and deep end services as a last resort if all else fails. However, the state has no financial incentive in this as counties have to bear the cost of placements.

You'll see the staffing count in the department slightly down because there have been a number of program changes, a number of unit re-organizations and transfers of staff to accommodate these changes. This budget will reflect the remaining long term care staff being moved to the ADRC and also some re-organization with divisions. We did need to enact some staff reductions, but actual lay-offs are again avoided by anticipating attrition and not filling the positions. This budget will look much smaller in dollar amounts than it did three years ago because the service dollars from long term care are being transferred to the ADRC as the caseloads get transferred and staff will transfer along with their caseloads. Adult Protection Services will remain with the Health and Human Services Department as well as a small part of the developmental disabilities clients who are not eligible for the care management organizations. One other item that was late breaking that came to our attention is the letter from Clearview which you have in your packet. That letter came from the administrator of Clearview, which is the long term care rehabilitation center of Dodge County. There are developmentally disabled and other individuals who need to be placed in an Intermediate Care Facility for the Mentally Retarded (IFCMR), which is a unit within a nursing home for those who are mentally retarded and behaviorally challenged who are difficult to place in the community. We have 25 individuals in this facility and previous funding was provided strictly through Title 19 (most were eligible) and that was all the funding that Clearview received. As with all nursing homes, they are losing money with all Medicaid clients. Particularly problematic for those counties who still have nursing homes is that they end up subsidizing out of county placements with their local levy to absorb the additional expense of out of county residents. LaCrosse County determined a method to legally separate specialized units within their nursing home. While it is illegal to charge a client for services beyond the Medicaid payment, this new model is structured to enable charging of counties for the expense of their residents who are not covered by Medicaid. These clients are very expensive placement individuals. We became aware of this a couple weeks ago, through an informational meeting, but we were already through our budget when this happened. We will have to make an additional sizeable adjustment to this budget before it is finished. At the extreme worst end it could be another \$450,000 in reductions to cover the cost of these placements. These individuals and/or their guardians can opt out of the care management

organization and stay with Title 19. These 25 individuals were either court ordered there or we would place them because of their extreme challenges. Schuler stated that we will hear the CJCC budget on August 14<sup>th</sup>.

#### **Introductions of Board Members and Staff**

#### **Adolescent and Family Services Division**

Peter Slesar, Manager of the Adolescent and Family Services Division, presented the division's budget. Slesar gave a brief overview of the division. This Division works with families and young people, largely the population that comes to the attention of the Juvenile Court for status offenses (runaways, uncontrollables, family conflicts) or delinquencies which are violations of the criminal law. They work with those populations within the context of the Juvenile Court, but they also have voluntary cases where they try to intervene earlier before it comes to court. There are three broad areas of the division, the first is Family Services Unit which is the status offenders, the second group is the Juvenile Services unit which are the delinquents and the third group of the budget section is the Juvenile Center. Throughout the presentation, you will hear that all the work they do is within the family context. We believe that the best way to intervene with a young person who is truant, runaway or broken the criminal law is to work as much as possible with the young person and their family together while maintained as a family unit.

# Family Services Unit

Slesar reviewed the key strategic outcome on page 19 – objective 5. The total 2009 budget for the Family Services Unit is \$2,856,355. This served 564 families in 2007. He observed that this dollar amount is what it would cost to serve 30 young people in corrections so the cost/benefit of community services is tremendous. We are at a 98% success rate at keeping children in their homes. If that amount dropped to 92% that would take the entire budget. Slesar then reviewed the program description followed by the program highlights. The general government figure is \$646,684 which remains unchanged. This is comprised of two main sources one is youth aids funding, which started back in 1979 with the change in the law and the purpose was to try to provide additional incentives for community based programming. Prior to 1979, the county agencies were responsible for the cost of services when they remained in their home, but if they entered a correctional facility the state paid for these placements. In 1979, the law changed to eliminate state funding of the correctional placements. In 1980 ten counties were pilots for youth aids and in 1981 all counties were included. Youth aids is based on a number of factors of which several are complex formulas that change from year to year depending on the numbers. One is the percentage of young people in the county as compared to the rest of the state. The second factor has to do with the arrest rate (part 1 arrests - serious assaults) and the third factor is the placement in juvenile correctional institutions. Depending on how these numbers work out determine the youth aids budget which comes out with the State budget - we can estimate what that amount will be but won't know until the budget comes out. The other funding source is the child abuse and neglect funding which is \$29,938. These funding sources have remained unchanged since 2008. The significant appearing tax levy change of \$732,176 is due to the transfer of two of the contracts - the St. Charles team and the Lauer Center contract, from the Juvenile Services Unit. Slesar then reviewed the Activities area.

## **Juvenile Services Units**

Slesar reviewed the key strategic outcome on page 18 – objective 1. All juvenile services staff have been trained in motivational interviewing techniques - having the offender take a deeper look at what's going on in their lives and how did they happen to end up where they are today.

Staff have also been trained in cognitive intervention techniques. This is most effective with the adolescent delinquent population. It helps determine their overall belief system that makes them respond the way they do and looking at how they can think differently to avoid having the same thing happen again. Slesar then reviewed the program description. They are down one position from 2008 resulting from not filling a social worker position, which was then transferred to the Child and Family Division. Maurer noted that capacity is being watched carefully, as over the past several years they have transferred 3.5 staff out of this division. Slesar proceeded with the budget figures and the program highlights. Next year will be the last year that it will cost less than \$100,000/year for juvenile corrections because the daily rate has been increasing. They are eliminating the Community Services contract in order to meet the target. The existing staff will be doing the monitoring of community services as they are able to do so. The reduction of the intensive in-home crisis team will result in serving 10 families instead of 12. One item not mentioned in the program highlights is the increase in the use of drug testing for youth which is \$1,890.00. The activities section was then reviewed. Under custody intake decisions by the Juvenile Court Intake, there is a considerable increase of 250 because individuals on their caseload are coming in and out of care more frequently. These are the more serious acting out young people and those who have mental health issues. Many of these individuals return home and due to problems come back in and each time they come back in it is considered an intake. The court intake referrals have also increased. The average court intake per worker is about 13 per month. The number of cases served is anticipated to be lower next year, but that is mitigated by the increasing complexity of presenting issues. They currently have 8 individuals in corrections but three of them are originally from different jurisdictions – Mississippi and Illinois. When asked about the Cognitive Thinking program, Slesar stated they are teaching juveniles to understand what their triggers are to avoid problematic behaviors. Weidmann was concerned about the division transferring out 3.5 staff over the years and is there an impact on the morale of the staff. Slesar stated that throughout the agency we make every effort to do teaming and having others help. They have refined their usage of contracted agencies as well.

#### Juvenile Center

Slesar reviewed the strategic outcome and we have achieved 100% licensing compliance. Our most recent inspection was last week in secure detention and even though we haven't seen the final report yet, the inspector had many positive things to say. The program description was then reviewed as well as the budget figures followed by the program highlights and activities. When asked if the center is ever overcrowded, Slesar stated they are not overcrowded but there is a higher number on weekends. They have a system for prioritizing which rarely happens, but if someone is coming in on a sanction, with the court's approval, we will have them serve at a later time.

MOTION: Paulson made a motion seconded by Weidman to accept the proposed budget of the Adolescent and Family Services Division. The motion was voted on and carried 8-0.

The board took a break from 10:55 a.m. and reconvened at 11:10 a.m.

Flor Gonzales arrived at 11:00 a.m.

## **Intake and Shared Services Division**

Antwayne Robertson, Manager of the Intake and Shared Services Division presented the proposed budget. He reviewed the Program Description which gives a background of the division and the services they provide. As of September 1<sup>st</sup>, they will be the initial point of

contact primarily for all child welfare calls which include child protective services, parent and teen conflicts, families needing disability funding, assistance in stabilizing their home situation as well as providing kinship care, crisis respite, child care and financial management services. In the past they've been very involved in adult protective services and adult welfare type programs and now with the ADRC, those responsibilities will transfer to the ADRC, and the Clinical Therapist position who specialized in this area will transfer to the Adult Protective Services Unit. Robertson then reviewed the budget numbers and program highlights. expenditure reductions include several non-mandated contracts in the areas of domestic violence, community child care and crisis respite child day care. Agencies affected by these reductions are ARCh (Association for the Rights of Citizens with handicaps), the Women's Center and Parents Place. When Robertson went over the strategic outcomes, he cautioned that this is the first time they are showing a recurrence rate of child abuse and neglect higher than 6.1%. One must be cautious about interpreting what may simply be a one year surge, but we continue to work in an environment of decreased funding and resources, and more families who have AODA and mental health issues. We anticipate that it will be a continuing challenge to meet federal numbers given the state and federal funding issues. Robertson then went over the Activities section, which include statistics of referrals, child abuse and neglect reports and other areas within the division. In the area of Child Abuse/Neglect Reports, the reason for the dramatic change in numbers from the 2007 actual of 1,688 and the 2008 budget of 820 is that the 820 are the number of cases that were screened in for investigation, whereas the 1,688 were the total number of referrals – including screen-outs. In future years this will be consistently reported on so there is an apples to apples comparison. Parthum stated that its hard to hear that our incidences of child abuse are higher than the federal average especially if we look at the relative lack of poverty in this county compared to other areas in the United States. We should view this as an epidemic and approach it as such to the County Executive and Board. Robertson stated that the department is attempting to come up with more ways to utilize outside resources to supplement what we can do.

MOTION: Paulson made a motion seconded by Vitale to approve the proposed budget as presented. The motion was voted on and carried 9-0.

#### **Economic Services Administration and Support**

This part of the budget was presented by Luann Page, Economic Support Coordinator. Page started by going over the program description. Page pointed out that the actual number of the State funding increase of the Income Maintenance Program is \$239,895 and not the \$194,240 as stated on the budget document. She then reviewed the remaining budget numbers and program highlights. Personnel costs increased because of cost to maintain existing staff, and the addition of two Economic Support Specialists. Schuler stated that this was necessary because of the addition of BadgerCare Plus and the increase in the numbers of our caseload, which was already problematic. There are abolishments in other positions to keep our staffing count from growing including a Fraud Investigator. Under the Activity section, Page went over the caseload numbers and other statistics. Since January 1st we are up 660 cases. Our food stamp caseload has also grown by 400 cases. As far as strategic objectives, they strive to keep their food share error rate low. Maurer stated that Page has kept the staff turnover rate significantly lower than what it used to be – which at one time was over 50%. He also noted that in addition to their incredible efforts to deal with such high caseloads. Economic Support staff had 16 volunteers to help with the flooding disaster in Milwaukee County and they processed over 1,000 cases for Milwaukee County. Paulson asked about the decrease in funding in LIHEAP, but these are strictly federal funds – there is no county tax money involved and the program is operated by a contracted agency. Vitale asked how Economic Support relates to ADRC and Luann explained that we have an economic support specialist that can assist people with Food Stamps, Medical Assistance, but none of the funding for this comes from ADRC funding. In the staffing area there is an unfunding of a fraud investigator and this is being replaced by an economic support specialist.

MOTION: Jeskewitz made a motion seconded by Vitale to accept the proposed budget of the Economic Services Administration and Support. The motion was voted on and carried 9-0.

## **Child and Family Services Division**

Jesuś Mireles, Manager of the Children and Family Services Division, presented the proposed budget of the Child and Family Services Division. He began by presenting on the Birth to Three Program.

## Birth to Three Program

Mireles review the program description. Birth to Three is service which we contract with Lutheran Social Services (LSS) to provide for children who are determined to have a 25% delay in development. He review the budget numbers and the program highlights finishing with the Activity section which gave the numbers of children enrolled and served. Schuler stated that the amount of federal funding for the B-3 has not increased, except for a modest adjustment about four years ago. Consequently, LSS has used significant amounts of their own resources to supplement the program. The program is grossly underfunded by the State. There have been some changes in LSS and there may be limits on what LSS is willing to subsidize for this State/Federal program. We are continuing to interact with the State and they are putting together a workgroup on this. In the meantime, the Department is decreasing its share of administrative hold back in this area to provide a small increase to LSS. Last year LSS incurred a loss of \$75,000. Birth to Three is a mandated service.

MOTION: Paulson made a motion seconded by Vitale to approve the proposed budget. The motion was voted on and carried 9-0.

#### Child and Family Services

Mireles explained that Child and Family Services is made up of two units – Child and Family Services Unit I and Unit II. Unit I works with children who will likely be able to remain safely in the home and Unit II works with children who are more likely to be placed out of the home in which case they will likely need financial assistance from the Kinship Care program. Under the program highlights, Mireles explained that the Family Support Program staff and funding was transferred from Child and Family Services to the Children with Special Needs Unit which explains the reduction of \$255,291 in revenue. Under the program highlights charges for services reflects a reduction in client fees of \$5,900 but that should read \$3,400. Under Activity there is a slight increase in the number of families served by 6 in 2009. Of the total number of families served 27 new families coming in are estimated to involve court involvement. Vitale asked about the reduction of \$52,615 of respite care. Mireles explained that it is a reduction not a transfer. However, with the combination of funding programs in the Children with Special Needs area, it is hoped that the reduction can be made up through optimizing available federal dollars based upon local expenditure for our families. Family Support, United Cerebral Palsy, and the waiver program are funding sources they can use as match to draw down federal dollars. From cases that are currently open, they can now see where the support is coming from. Some families are applying in all three areas and they hope to identify what the needs of the child are

and identify the funding source that best meets their needs and they believe they can get the family the respite that they are currently getting from respite care, UCP, or from Family Support through the waiver. The impact of the reduction will then not be as significant. If we can draw enough federal dollars we can make up for that reduction and keep providing the same number of families. Vitale also asked about the reduction of the \$10,000 in the child sexual abuse staffing coordination and services. Mireles explained that staff will attempt to coordinate the staffing to make sure all the parties are included (DA, Public Defender, social worker, school, etc.) and we will develop a plan on how we want to hold the perpetrator accountable and provide treatment for the victim as well as support to the family. Part of this funding was to hire someone at the agency to coordinate that meeting to bring all the parties together but that will be handled by our staff.

MOTION: Paulson made a motion seconded by Vitale to approve the proposed budget. The motion was voted on and carried 9-0.

#### Permanency Services/Alternate Care

Mireles reviewed the program description, then continued with the budget numbers and program highlights. The Income Augmentation funding of \$114,000 is being eliminated. This funding was provided to us for the last three years and was anticipated to end in 2008. Under operating expenses foster parent support figure of \$23,664 should read \$22,891. Under interdepartmental charges the increase in computer maintenance should read \$6,087 and not \$1,774. Mireles then reviewed the Activity section and went over the figures. They have seen a downward trend of children in out of home placements so we are budgeting accordingly. We have a good working relationship with the judge and he has supported the Child and Family Advisory Committee's recommendation of prevention and early intervention services. Maurer did note that we will have a change in judicial assignment occurring, and it is hoped that the newly assigned judge will come to appreciate the department's effective diversion and in-home services as much as our past judges have.

MOTION: Jeskewitz made a motion seconded by Parthum to approve the proposed budget. The motion was voted on and carried 9-0.

# Children with Special Needs Unit

This used to be the Autism Program and Children's Long Term Care Support Program and they decided to change it to the Children with Special Needs Unit and to consolidate all funding for children with special needs into this.. This encompasses the Family Support Program as well as the Children's Long Term Support Medicaid Home and Community Waiver Program. Mireles reviewed the Program Description then proceeded with the budget numbers and the Program Highlights. Mireles explained that families in the intensive autism program are given a waiver slot. That waiver slot is approximately \$35,000 for the first three years for children diagnosed with autism. By the time someone contacts our department and they get a waiver slot, it could take up to 1½ years as the approval of that slot comes from the State and it's consistently become a longer wait than the original promised 60 days. Our job is to assist the families with all the paperwork and get them on the waiting list for the state. When a family is earmarked for a fully funded slot, the department receives a percentage for administrative overhead. What we are noticing is that although a family now waited a year plus for the slot, they are now looking in the community for a provider, but those providers may also have waiting lists, so now we sometimes have the funding but not a provider. Even though there is an earmark of \$35,000 for the family, they may not spend that allocated amount. We can, in the ongoing slot (which funds about \$11,000 a year) spend \$13,000 on one family and \$9,000 on another as long as the average is within the total allocated amount. We are working with families regarding what their needs are and trying to maximize the revenue. The long wait is a significant system problem because research clearly demonstrates that the sooner the child receives services, the more improvement they can possibly achieve. While families are waiting for their slots, we help them with other services including family support and respite. There are also providers in the community who provide intensive autism services and ongoing autism services. Mireles concluded his presentation with the Activity Section.

MOTION: Vitale made a motion seconded by Paulson to approve the proposed budget. The motion was voted on and carried 9-0.

The meeting adjourned for lunch at 12:55 p.m.

The meeting reconvened at 2:12 p.m.

#### **Clinical Services Division**

# Mental Health Outpatient and Support Services

Before the presentation began, Mike O'Brien read a letter that was sent to the Health and Human Services Board from the AODA Advisory Committee asking that funding continue in 2009 for the half time jail transition case manager and that the AODA Counselor position that has been frozen for the last two years be reinstated and that position be re-funded.

Mike DeMares, Manager of the Clinical Services Division, presented the proposed budget. He began by reviewing the Program Description followed by the budget figures and Program Highlights. He then continued with the Activity Section. The number of clients served by day services has decreased because they are slowly phasing out Day Hospital and replace it with Comprehensive Community Service. The services are almost identical but we receive more federal revenue through CCS than the Day Hospital. The reduction of 6,295 days in residential days of care is due to the transfer of mental health waiver clients to Family Care programming. The question arose as to whether we house anyone who may be a significant danger to the community in the Mental Health Center. DeMares replied by saying we do have patients who have committed felonies, but if an individual is saying they are too sick and didn't know what they were doing, they are sent to the institutes for evaluation; or if found to be incompetent, they would go to the institutes. If we believe an individual is a danger to the community or has the potential to escape, we will send to one of the institutes although that is quite expensive (about \$800/day).

MOTION: Vitale made a motion seconded by Weidmann to approve the proposed budget. The motion was voted on and carried 9-0.

## Alcohol and Other Drug Abuse Outpatient Clinic and Support Services

Before DeMares started his presentation, Schuler responded to the unfunded AODA Counselor position by stating that when there is an unfunded position for two years, that position is either moved to another division or another department within the county or is simply abolished. The \$25,000 for the second jail transition case manager is presently in the AODA budget, but that money will end on September 30<sup>th</sup>. This is a contracted position. The CJCC budget is not finished yet so hopefully they can provide additional dollars to keep this position. DeMares then reviewed the Program Description and went over the budget numbers and Program Highlights.

Fines are increasing \$50,000 is based on an estimated additional OWI surcharge assessment fee revenues. Two halfway house beds are being reduced because there is more of a need for opiate detox and these individuals cannot receive the proper treatment in the halfway house. We are increasing funding for detoxification and suboxone programming. When asked by Vitale about the \$70,000 for an AODA counselor, Schuler stated that we don't presently have the funding for this position. Vitale wants to include the \$70,000 to add an additional AODA Counselor. Schuler stated we can talk more about this tomorrow when we review the CJCC budget. Schuler stated that if we run out of treatment money, we won't be able to serve the indigent and those without insurance because we are the only treatment provider for this population.

MOTION: It was voted to table the decision to accept the proposed budget after a discussion of the addition of the \$70,000 for an AODA Counselor. The motion was voted on and carried 9-0.

#### **Mental Health Center**

DeMares stated that the Mental Health Center budget for 2009 is basically a cost to continue budget. He reviewed the Program Description then continued with the budget numbers and Program Highlights. Charges for services has increased due to the fact that we are collecting more insurance and Medicare money. They are adding about \$15,000 to the operating expenses to cover additional medication costs. The interdepartmental charges includes sheriff transportation, but the major portion is for the end user technology fund transfer which is \$67,987. Tax levy was shifted from DOA/IT to HHS to cover 97% of this cost. Based on the trends thus far, we should have fewer days of care in 2009.

MOTION: Weidmann made a motion seconded by Vitale to approve the proposed budget. The motion was voted on and carried 9-0.

Regarding the AODA counselor position, Paulson asked whose budget this would come under – the CJCC or AODA Outpatient? DeMares stated that it would emain in the clinic for purposes of supervision and licensing. In order to receive any reimbursement from this position, it must be attached to a licensed facility. Maurer stated that we have to keep perspective here and that last year we determined that we would unfund this position because of budget challenges back then so this proposal would restore a reduction made last year.

#### **Review Tomorrow's Schedule**

Schuler stated that tomorrow we will be hearing the Public Health Budget first along with Administrative Services and Long Term Care along with our recap and summarization. On August 14<sup>th</sup> we will hear the Criminal Justice Collaborating Council budget.

# Adjournment

Jeskewitz made a motion to adjourn seconded by Flor Gonzalez. The motion was voted on and carried 9-0. The meeting adjourned at 3:12 p.m.

Minutes recorded by Kathy Leach

Approved on 12-4-08